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ABSTRACT

In order to supply drug education guidelines for its schools, the Michigan State Board of Education created an advisory council of professionals from the fields of drugs and education, parents, and high school and college students. The council developed the present set of guidelines designed to define the role of the school in drug education and to suggest procedures for discharging its responsibility. These guidelines have been organized around eight major issue areas faced by the school in dealing with student drug problems: 1) adopting worthwhile objectives for a school drug program, 2) the school's role in drug education, 3) the drug education program in school, 4) the school's role in guiding, counseling, and referral of the drug user, 5) monitoring and controlling flow of drugs in the school, 6) the school in community cooperation for development of drug programs, 7) in-service education of school staffs, and 8) selection of instructional materials, resources, and methods. (Author/SES)

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drug education guidelines

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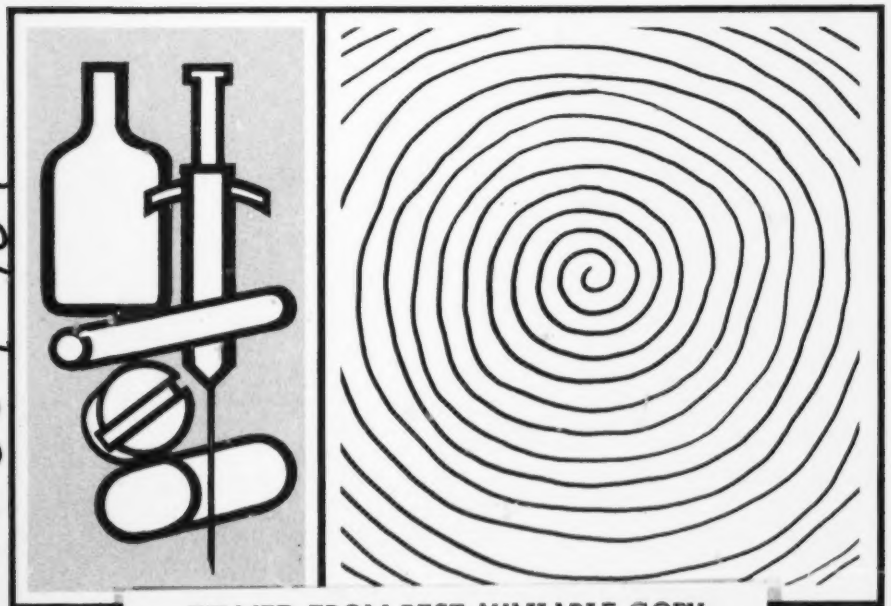

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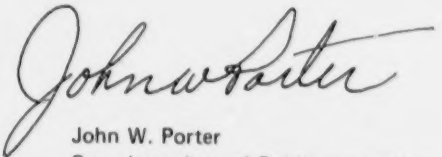
FOREWORD

In the early summer of 1971, the State Legislature adopted a resolution requesting the State Board of Education to establish guidelines for elementary and secondary instruction "as to the physical and social consequences of dependence upon and abuse of the dangerous and narcotic drugs, for consideration by and assistance to local boards of education". The Board previously appointed an Advisory Council on Narcotics and Drug Education, and the Council was assigned the task of developing the guidelines.

Over the next several months, the Council directed its attention to the development of the guidelines, and a draft of their work was submitted to the Board in November of 1971. The Board received the tentative guidelines and directed the Department to conduct a series of public hearings concerning them. Eight hearings were held throughout the state during the next several months, and as a result of the hearings, a number of modifications were made in the guidelines. The guidelines as modified via the hearings were submitted to the State Board of Education who made some further revisions that resulted in the guidelines being officially adopted in September, 1972.

The Legislature indicated that the guidelines should be designed to be of practical use by local districts, and all of the people who have worked on them hope that they will indeed serve this purpose. There surely is no question but that the drug abuse problem is one of the most serious problems facing our schools and their communities today, and a school district would be remiss if it did not turn its attention to this crucial matter. The kind of approach taken to the problem will vary, of course, from district to district, but we would hope that the guidelines issued by the State Board will serve as a foundation for local boards of education in developing local policy and for educators in developing programs that effectively meet the challenges provided by drug abuse and the prevention thereof.

I would like to express my appreciation to the people who worked so long and hard on these guidelines. My special thanks go to Mr. Richard Letts, who was chairman of the Advisory Council, and to Dr. E. J. McClendon, who served as representative of the Department on the Council.



John W. Porter
Superintendent of Public Instruction

January, 1973

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Dear Reader:

As you turn your attention and interest to the enclosed document Drug Education Guidelines, it would perhaps be worthy to know how "Drug Education" is viewed via the Department's program.

The overarching goal of drug education is to provide the kind of education which will assist each learner to make a personal decision that for him or her there are indeed better ways of living than through reliance on chemistry. Attached is a DARTE puzzle that puts it all to-gether.

A basic concept derived from the experiences of many has recently been substantiated through research, namely, when the primary focus and intent is put on factual drug information drug use increases. The researcher was Dr. Richard B. Stuart from the University of Michigan and Behavior Change Laboratories, Ann Arbor.

A second basic concept revolves around the relationship between the school as a social institution and the "drug problem". When the schools' focus is placed on the prevention-reduction end of the prevention-treatment-rehabilitation continuum, the "drug problem" is more symptomatic than problematic, i.e. -- symptomatic of the people problems behind the drug taking.

The program that is developed by a local school district needs to be heavily client centered if the overall goal is to be achieved. To the degree we are not effective, to that degree the drug scene will continue to be with us. Every decision has its price. What kind of decisions should be made that will bring about the most effective efforts that will be translated into the growth behaviors needed to achieve our overarching goal? This is the primary focusing question.

Sincerely,

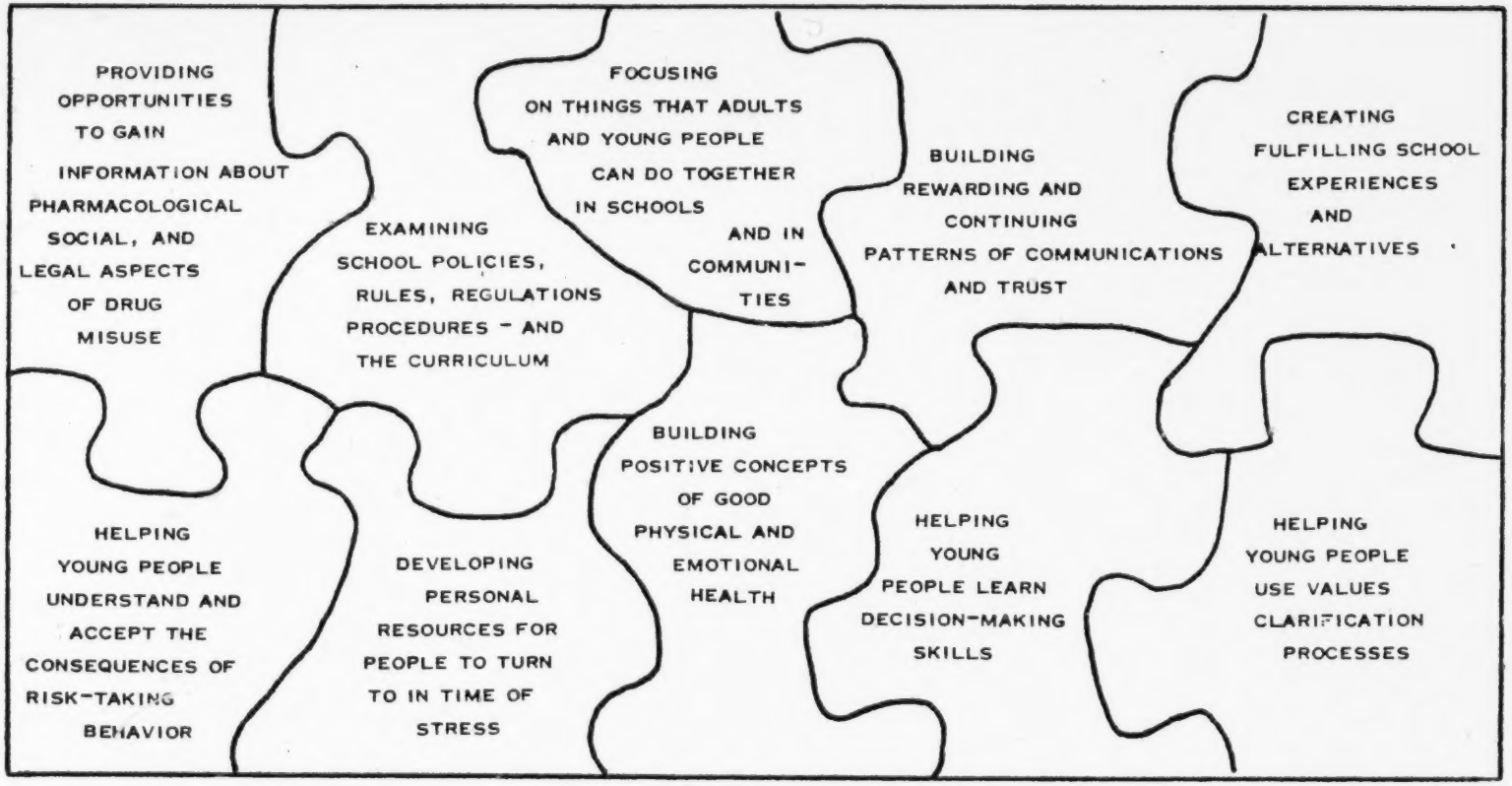
Bob R. Sternberg

Bob R. Sternberg, Coordinator
Drug Education Programs

C Patrick Babcock

C. Patrick Babcock, Director
Office of Drug Abuse and Alcoholism

DRUG EDUCATION IS:


PROVIDING OPPORTUNITIES TO GAIN INFORMATION ABOUT PHARMACOLOGICAL SOCIAL, AND LEGAL ASPECTS OF DRUG MISUSE
EXAMINING SCHOOL POLICIES, RULES, REGULATIONS PROCEDURES - AND THE CURRICULUM
FOCUSING ON THINGS THAT ADULTS AND YOUNG PEOPLE CAN DO TOGETHER IN SCHOOLS AND IN COMMUNITIES
BUILDING REWARDING AND CONTINUING PATTERNS OF COMMUNICATIONS AND TRUST
CREATING FULFILLING SCHOOL EXPERIENCES AND ALTERNATIVES
HELPING YOUNG PEOPLE UNDERSTAND AND ACCEPT THE CONSEQUENCES OF RISK-TAKING BEHAVIOR
DEVELOPING PERSONAL RESOURCES FOR PEOPLE TO TURN TO IN TIME OF STRESS
BUILDING POSITIVE CONCEPTS OF GOOD PHYSICAL AND EMOTIONAL HEALTH
HELPING YOUNG PEOPLE LEARN DECISION-MAKING SKILLS
HELPING YOUNG PEOPLE USE VALUES CLARIFICATION PROCESSES

DARTE

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DRUG EDUCATION GUIDELINES

INTRODUCTION

The problems related to the use of drugs and other mood-modifying substances have been prevalent in western society since ancient times. For the past four decades references to drug problems usually meant narcotic drug addiction. In recent years the term "drug problem" has included depressants such as barbiturates, tranquilizers and alcohol; stimulants such as amphetamines; hallucinogens, marijuana, a whole host of less well known mind affecting substances and tobacco.

The problems related to drug abuse have been perceived by most Americans as characteristic of minority groups and the residents of the central portions of large urban areas. It is only in the decade of the sixties, and especially in the latter half of that decade, that most middle class Americans have realized that drug abuse might be of personal concern to them. This realization has produced a predictable panic or near panic reaction by many. The response has frequently been a simplistic demand that there be a police "crack down" on the illicit sources or purveyors of drugs and that the schools "educate" our children and youth not to abuse drugs. This demand has been felt in Michigan as elsewhere. As early as 1968 the State Board of Education authorized a contract for the development of a publication entitled "A Teacher Resource Guide for Drug Use and Abuse for Michigan's Schools."

The President of the United States in the spring of 1970 stated that "... the answer to drug abuse is more information, more understanding." Following this dictum the President allocated funds from the Education Professions Development Act appropriation to the several states to begin the task of educating the teachers to deal with the problem. The State of Michigan through the State Board of Education participated in this program.[1] The State program has subsequently been refunded under the Comprehensive Drug Education Act (PL 91-527).

[1]See: Grant Proposal for Drug Education Program under Education Professions Development Act approved by the State Board of Education May 12, 1970 and "Informational Report on Progress of Drug Education Program" to State Board of Education on April 26, 1971.

The persistent evidence of a steady and alarming increase in the use of mood-modifying substances by the children and youth of this state stimulated a demand that the schools develop programs to deal with substance abuse. Among those forces urging the schools to initiate programs for the prevention or amelioration of drug use and substance abuse among children and youth are:

Youth Groups	**State Legislators**
Parent Groups	**Citizen Groups**
Civic Organizations	**Public Health Authorities**
Law Enforcement Personnel	**Professional Organizations in the Health Field**

In keeping with the responsibility of the State Board of Education to provide leadership for program development in the schools of Michigan, it is the recognized role of the Department of Education to identify educational problems, to seek tentative solutions, to test those solutions, and to make recommendations to schools.

Schools have requested guidance in defining their roles and responsibilities in dealing with drug problems. In keeping with an established practice the State Board of Education sought guidance from the field on this problem. The Board created an advisory council of some twenty-five members made up of professionals from the fields of drugs and education, parents, and for the first time added students from both high schools and colleges. This council developed this set of guidelines which are designed to define the role of the school and to suggest procedures for discharging its responsibility. The schools have certain legal mandates regarding their responsibility for drug education. There have been provisions in the law since the passage of Act No. 93 of the Public Acts of 1883 requiring the schools to "teach the effects of narcotics and stimulants on the human system." The current provision in the law includes the following excerpt from the General School Code of 1955.

GENERAL SCHOOL LAWS. SECTION 340.364

In addition to the branches in which instruction is now required by law to be given in the public schools of the state, instruction shall be given in physiology and hygiene, with a special reference to the nature of tobacco, alcohol and narcotics and their effect upon the human system. Such instruction shall be given by the aid of textbooks in the case of pupils who are able to read, and as thoroughly as in other studies pursued in the same school.

Act 226 of Public Acts of 1969, a more recent law, specified that narcotics, alcohol and tobacco are among the critical health problems which should be dealt with by the schools. It provides as follows:

Sec. 2. As Used in this Act:

(a) "Critical health problems education program" means a systematic and integrated program designed to provide appropriate learning experiences based on scientific knowledge of the human organism as it functions within its environment and designed to favorably influence the health, understanding, attitudes and practices of the individual child which will enable him to adapt to changing health problems of our society. The program shall be designed to educate youth with regard to critical health problems and shall include, but not be limited to, the following topics as the basis for comprehensive education curricula in all elementary and secondary schools: drugs, narcotics, alcohol, tobacco, mental health, dental health, vision care, nutrition, disease prevention and control, accident prevention and related health and safety topics.

Sec. 3. A critical health problems education program is created in the State Department of Education. The Superintendent is authorized to promote, support and conduct programs to carry out the purposes of this act. These programs shall include, but not be limited to: (a) Establishing guidelines to help local school districts to develop comprehensive health education programs. (b) Establishing special in-service programs to provide professional preparation in health education for teachers throughout the State.

America is becoming a drug reliant nation – its citizens are becoming increasingly dependent on drugs to shield them from many of their emotional and social problems and to alleviate the pain and to escape the ravages of numerous physical illnesses. Not surprisingly, large numbers of youth and many of the children of this nation are thus turning to drugs, mimicking and reacting to the perceived behavior of adults.

The causes of drug abuse are numerous, complicated and often paradoxical due to individual differences and needs. This paper could not possibly catalog all those causes which have been cited by concerned and observant authorities as the causes of drug abuse. Drug abuse has been attributed to alienation of youth, boredom and a feeling of hopelessness, a desire for a thrill (i.e. just to get high), family disruption, anxiety relief, a desire for self-destruction, aimlessness, availability of the drugs (or of money to acquire the drugs), searching for self-insight and/or spiritual uplift, risk taking or experimentation, peer group pressure, impulsive behavior, social conflict or social disorientation, rejection of adult values, personality disorders and on and on.

The school, as a single agency, does not bear the sole and possibly not the major responsibility for combating drug abuse. The school is

responsible to educate all students about all the problems of society whether those students are personally involved or not. It has a social, legal, educational and perhaps a moral mandate to become *involved* in drug education programs.

The school has to deal with all the children of all the people. This means a wide variety of individuals for whom the school must provide a viable educational program including counseling services. Thus, it must be prepared to serve students at all of the following levels of involvement or noninvolvement with drugs:

1. The regular or persistent drug user who may or may not be drug dependent.
2. Drug experimenters or casual users who have infrequent experiences with drugs.
3. Youth who accept and associate with drug users but are not drug users themselves.
4. Youth who know others who are drug users, but do not associate or identify with them and do not use drugs themselves.
5. Students who are aware that there is drug use in their school or community, but know of no specific instance of its use and do not personally know any users.
6. Students who are unaware of anyone using drugs.[1]

Groups 4, 5, and 6 above could be further subdivided into, (a) those who accept the idea of drug use, (b) those who are neutral (have as yet made no decision about it), and (c) those who clearly reject drug use for themselves and others.

The above considerations imply that the school's role must be multi-dimensional and multi-phasic if it is to serve its total educational responsibility.

These guidelines have been organized around major issue areas which are faced by the school in dealing with student drug problems. In some instances there will appear to be overlap from one issue area to another. This is certain to occur since one aspect of the problem relates to others and one position taken by the school will impinge on the total school effort. Consistency within a framework of commitment to solving the whole problem is intended.

The purpose of these guidelines is to project positive positions and to offer specific courses of action which the school can take in confronting the complex challenge of drug abuse.

A brief background statement is presented to provide a frame of reference for each guideline. The major issues treated are as follows: (1) adopting a sound philosophy and worthwhile objectives for a school

[1]Adapted from John Finalter, "The Drug Scene: Scope of the Problem Faced by the Schools." *Teaching About Drugs,* American School Health Association, 1970. pp. 106-107.

drug program; (2) the school's role in drug education; (3) the drug educational program in school; (4) the school's role in guiding, counseling and referral of the drug user who seeks assistance; (5) monitoring and controlling the flow of drugs in the school; (6) the school in community cooperation for development of drug programs; (7) in-service education of school staffs; and (8) selection of instructional materials, resources, and methods.

Those who use these guidelines are urged to use them as a complete document. Statements should not be taken out of context or cited as independent entities lest they lead to conclusions which are not in keeping with the general tenor of the guidelines. These guidelines should be used in the setting described or with the information set forth in the related background statement.

Issue 1

ADOPTING A SOUND PHILOSOPHY AND WORTHWHILE OBJECTIVES FOR A SCHOOL DRUG PROGRAM

1. Background

Parents, civic leaders, legislators, other citizens, and professional people have demanded that schools institute drug education programs to stem the epidemic of drug abuse in the young.

Schools are being urged to assure parents and the community that if they finance a comprehensive drug education program this will solve the problem.

1. Guideline

There is no clear evidence at this time that drug education programs will diminish drug abuse in children and youth. Schools should not be pressured into promises of success on which they may not be able to deliver.

2. Background

Most schools have a statement of philosophy which declares, in effect, that the purpose of the school is to assist children and youth to grow in knowledge, skills, responsibility for self and others, self-discipline, and to acquire vocational and social competencies for effective citizenship.

What philosophical basis is there then for drug education programs in schools?

2. Guideline

Schools have an ethical and legal obligation to assist pupils to grow in knowledge and understanding of themselves and their environment which will produce the insight needed for them to make the critical decisions of their lives.

3. Background

The statement has long been accepted that telling is not teaching – listening is not learning and facts do not guarantee change in behavior. Human motivation is related to deep-seated convictions based on individual experience. Conceding these points, what justification can be made for drug education and counseling programs?

3. Guideline

Schools have insisted that human behavior can be changed through education, if the educational program deals with human feelings, with human experience, and with factual knowledge. The drug education area provides an appropriate realm to interrelate these three and test whether or not they can be effective.

Schools should provide for each student's "right to know" in regard to drugs. He has a right to know what the probable effects will be on his physical body, his mental health and his legal (or criminal) status as a citizen before he makes a decision on how he will use drugs in his life. Schools should focus on decision making as a process.

4. Background

The State Board of Education has released a statement on the "Common Goals of Michigan Education." These goals provide guidance and a frame of reference for the drug education program. Which, if any, of the specific goals bear on the role of the school in dealing with drugs?

4. Guideline

The following goal statements are excerpted from the report on "Common Goals of Michigan Education" and relate to school drug programs:

I. Citizenship and Morality

Goal 1 – Morality
Michigan education must assure the development of youth as citizens who have self-respect, respect for others, and respect for the law.[1]

II. Democracy and Equal Opportunity

Goal 5 – Parental Participation
Michigan education must develop effective means for involving parents in the

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[1]Michigan Department of Education, "The Common Goals of Michigan Education" Lansing, September 1971, p. 3.

educational development of their children and encouraging them to meet their responsibilities in this regard.[1]

III. Student Learning

Goal 4 – Creative, Constructive, and Critical Thinking
Michigan education must foster the development of the skills of creative and critical thinking to enable the individual to deal effectively with situations and problems which are new to his experience in ways which encourage him to think and act in an independent, self-fulfilling, and responsible manner.[2]

Goal 6 – Physical and Mental Well-Being
Michigan education must promote the acquisition of good health habits and an understanding of the conditions necessary for physical and mental well-being.[3]

Goal 7 – Self-Worth
Michigan education must respond to each person's need to develop a positive self-image within the context of his own heritage and within the larger context of the total society. The development of a positive self-image will enhance the individual's ability to fruitfully determine, understand, and examine his own capacities, interests, and goals in terms of the needs of society.[4]

Goal 8 – Social Skills and Understanding
Michigan education must provide for each individual an understanding of the value systems, cultures, customs and histories of his own heritage as well as of others. Each student must learn to value human differences, understand and act constructively upon current social issues, participate in society and government while seeking to improve them, and seek a society where every person has equal access to the lawful goals he seeks regardless of his background or group membership. Each person must learn to develop and maintain effective interpersonal relationships.[5]

5. Background

General education goals are useful but the school should have specific goals which describe definitively what it is trying to achieve.

5. Guideline

The following specific goals should provide a basis for the school's approach to problems related to drugs. The school should work:

a. To teach decision making as a process and to provide opportunities for development of this skill.

b. To provide children and youth with opportunities to clarify their values, to select life goals, to evaluate alternatives for personal life styles and to learn to enjoy life.

c. To provide children and youth with information in a factual and unbiased manner to make intelligent decisions regarding drugs and their lives.

d. To counsel and when appropriate refer youth who have problems

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[1]Michigan Department of Education, "The Common Goals of Michigan Education". Lansing, September 1971, p. 5.
[2]Ibid. p. 6.
[3]Ibid.
[4]Ibid.
[5]Ibid.

with drugs for the solution of their problem.

e. To monitor and control the flow of illicit drugs in the school for the protection of all students.
f. To cooperate with those agencies, groups, and individuals in the community who also have a role in dealing with drug abuse and drug related problems.
g. To provide information to parents about all aspects of the program and involve them, where appropriate, so that they may become supportive not only to its purposes but to the methods to be used.
h. To involve youth in all phases of the program in order that they may identify with the purposes and activities of the program so they may provide essential information to make the program relevant and so they may be aware that the purpose of the program is the enhancement of, not the control of, their lives.
i. To motivate youth to assume a personal responsibility for the behavior of their peers and thus to become responsible to help them adopt positive views of their worth and to help them avoid self-destructive courses of action.
j. To present viable alternatives to the use of mood modifying drugs.

The overriding program goal is to implement programs and services which will interdict the current apparently steady increase in drug abuse among children and youth.

6. Background

There are several philosophical approaches to the problems of drug abuse or misuse. These positions often set individuals against each other and make cooperation difficult if not impossible. The following are examples of four such positions which have been reported; there may be others. Presentation of these examples does not imply endorsement of any of them within these guidelines.

a. Drug abuse or the use of illicit drugs is an illegal act and should be treated as such with appropriate penalties being assessed to correct wrong behavior, according to some. Those who hold this view believe drug education should be conducted to teach the dangers and penalties for drug abuse.
b. One point of view says drug use is a social issue which arises almost automatically out of the critical social problems of our time, such as racism, alienation, poverty, hunger, war, war preparation, unemployment, greed and hate. People of this point of view usually deny the existence of drug abuse and say there are only persons using drugs to cope with social problems. The only solution lies in reordering our national priorities and restructuring our society. Drug education is seen by persons of this view as having no value.
c. Some persons believe drug use, especially among the young, is created

by an oppressive educational system which emphasizes rule making, rule enforcing and punishment. Persons of this viewpoint also question the existence of drug abuse and see only "drug use" by persons seeking release from stress. Those of this position say schools insist that pupils learn from a nonrelevant curriculum over which they have no control. They believe that youth who do not have sufficient tolerance for this anti-student atmosphere are forced to seek drugs to find relief, joy, and achievement. Drug education would be acceptable to persons of this view if the students wish to have it and could control its form and content.

d. Drug abuse in the view of still others, constitutes a critical, mental, physical, and social health problem which can be dealt with through educational intervention if the program takes into account that the individual is a product of his total physical and social environment.

The philosophical positions described above, while not mutually exclusive, do constitute a basis for considerable conflict over the makeup of a drug education program.

6. Guideline

Citizens have a right to influence the program of their schools. The school must take into account in its planning and programming all points of view on the drug problem. Where compromise is possible this is, of course, desirable. The overriding principle should, however, be the welfare of the child. If the interests of the student are considered first this will usually provide a guide to action.

issue 11

THE SCHOOL'S ROLE IN DRUG EDUCATION

The school's role in discharging its responsibility for drug education is difficult to describe because schools must serve so many populations of various ages and stages of involvement (or uninvolvement) with drugs. There are, however, certain fundamental considerations or principles which help to define the school's role. These include the following:

1. The primary charge to the school is education of the young entrusted to its care. This definition of education must embrace the affective (or feeling) as well as the cognitive (or knowing) domain of education and both must be measured by their impact on the behavior of the individual.

2. The school is legally and by tradition charged with counseling those children and youth it would educate. This includes educational counseling both in terms of present and long-range plans and assessment of potential. It includes vocational counseling for establishing life goals and personal expectations including the effects drug use (and possible drug abuse) may have on these goals and aspirations. This concept includes both individual counseling and group guidance. It embraces personal counseling for social adjustment and coping with problems, including the problems with use of drugs and referral for treatment of drug dependence.
3. The school is charged with protecting the health and safety of the children and youth who are placed under its jurisdiction.
4. The school is *one* of the institutions in society charged with the nurture and rearing of the young – not the *only* institution created for this purpose. Thus, the school must share with youth and other youth-serving institutions and agencies including the home, the courts, public health agencies, law enforcement, health professionals, character building agencies and others, responsibility for the resolution of the drug problems of the young.
5. The school, to perform its primary task of educating the young, must assess its problem areas including those related to drug abuse, establish program goals, develop viable curricula, educate its staff and acquire the essential teaching tools to conduct drug education.
6. The tradition in Michigan has been for local school districts to develop their own instructional programs and to implement and evaluate them. This does not preclude the State Department of Education from providing stimulation, support, leadership, guidance, and evaluative criteria.

The above considerations or background statements regarding the role of the school in general and its responsibility for drug problems prompt the following *general guidelines* regarding the school's role in drug education.

1. Guideline

Each local school district should develop a drug education curriculum which fits the unique and varied needs of its pupils as a part of a comprehensive health education program. The drug education aspects of the comprehensive health education program can be initiated at the kindergarten level and continued through the twelfth grade. The primary goal should be to equip the learner for the decisions he must make about drugs and his life.

2. Guideline

Teachers must be adequately prepared to teach drug education. Schools must provide for in-service education of teachers as a fundamental part of any drug education program.

3. Guideline

Teacher and pupil aids and other essential resource materials for drug education must be available in the schools and in sufficient supply to teach about drugs. Schools must make the purchase of adequate audio-visual, textual, teacher's guides, and other drug education materials and resources a high priority item.

4. Guideline

School staff, having a counseling responsibility, must be adequately prepared to counsel drug-using children and youth as well as those who are seeking guidance about the decisions they are trying to make about their own and their friends' involvement with drugs.

5. Guideline

Schools are legally mandated to teach about drugs, alcohol and tobacco. Communities in Michigan are generally insisting that their schools assume this responsibility and become actively involved in drug programs. Therefore, schools must continually strive to conduct effective programs of drug education, including alcohol and smoking education.

6. Guideline

Drug education and counseling conducted by the schools should be an integral part of the total community effort to combat drug abuse. Schools should be participants in councils, committees, or other organizational structures established to plan and/or coordinate community efforts to deal with drug abuse. Schools should select at least one key person to coordinate the school program and to maintain liaison with the community effort.

7. Guideline

A part of the school's responsibility in combating drug abuse is to monitor and attempt to control the traffic in illicit drugs in the school. However, the school's *chief* effort must be education.

issue III

THE DRUG EDUCATIONAL PROGRAM IN SCHOOL

When evidence began to accumulate that drug abuse was a serious problem among the children and youth of Michigan many concerned citizens expressed a belief that an education program, which could be easily

ordered in all the schools, would provide a quick and certain solution. Educators and other citizens are now realizing that a meaningful educational program on drugs is not easy to implement and the results at best are uncertain.

Education can change human behavior. It can bring clarification of values, introduction of new information which may modify attitudes and offer new modes of living for the learner. Much of this is far harder to accomplish with predictable results than it is to state. Comments by youth indicate that an emotion laden area like drug use, where peer influence is so strong, will require a very different approach to teaching than that traditionally employed in schools.

Many schools have been ready to develop an educational program dealing with drugs, but have been unsure about where it should be placed in the curriculum, the methods which should be used to teach and how to identify appropriate resource materials.

1. Background

Questions have been raised about the appropriate ages or grades for drug education, primarily because education in "drug abuse" was all that was perceived as being included. In what grades should schools teach about drugs?

1. Guideline

The drug education program should be organized to meet the particular needs of the pupils in the school. As indicated in a previous guideline (page 10) such needs may exist for children in all grades including kindergarten.

2. Background

There seems to be a general consensus among both drug authorities and curriculum leaders that drug education should not be appended to the curriculum or added as a special course. Drug education programs may be a part of a K-12 program in mental, social or physical health. Since drug education may be a special course or an established academic discipline, and many Michigan school districts do not yet have a comprehensive health instruction program, there is danger that it will not be given careful instructional attention. This raises the question of where the drug education program should be placed in the curriculum.

2. Guideline

Drug education should be associated with or integrated into an established segment of the curriculum. Thus, schools must decide for example, to place drug education in science, social studies, health, or physical fitness which are among the instructional specialties for Michigan schools. It should be in an area of the curriculum which reaches all students.

Teachers should make a serious professional commitment to the selection of appropriate teaching methods and materials in drug education. Instructional technique is critical in teaching about drugs.

3. Background

A major problem confronting the school is defining the content which should be taught. Information alone does not necessarily change behavior. In the drug area this is reflected by the fact that physicians generally knowing more than other professional groups about the effect of drug use still find some of their members abusing drugs and becoming drug dependent.

3. Guideline

Teaching specific facts about the drugs of abuse alone will likely prove ineffective in combating drug abuse. However, the program should provide the information sought by students and answer the questions they have about drugs. The content of the educational program should be defined by the needs of the pupils as identified by the students, school staff, parents and other citizens in each program or school. The school's educational program should be based on a set of concepts which can be consistently applied without contradiction at any level.

The following concepts and subconcepts, while possibly not exhaustive, should provide a basis for a systematic program.

- **a. All drugs are potentially dangerous. Any substance which can alter the physical or psychic processes of the human organism is potentially dangerous and is subject to abuse.**
- **b. Each and every individual must make his own decision about how he will use drugs and his own life.**
  - **Sub (1) Drugs are a powerful force to save and improve life when properly used.**
  - **Sub (2) The program should focus on the positive ways drugs can be used to improve human life and not alone on the negative effect of drug abuse.**
- **c. The majority can be wrong. A person who decides not to go along with the majority may be right. The democratic ethic does not mean that because the majority accepts something that it is true.**
- **d. Drugs are not a problem – people with personal problems often abuse drugs seeking a solution.**
  - **Sub (1) Mood modifying substances represent only temporary relief from problems and the substances may become more destructive for the user than the problem they were intended to resolve.**
  - **Sub (2) Drugs may constitute avoidance of problems.**
  - **Sub (3) Problems cannot be solved by chemicals, only people can solve problems.**

Sub (4) Persuasive forces such as advertising and personal expectation promote the idea that a chemical exists which, if taken, will solve any problem.

e. The most common drug of abuse in this society is alcohol. Schools should point out the nature of alcohol as a drug.

f. Tobacco smoking constitutes the abuse of a dangerous substance.

4. Background

In an area strongly influenced by feelings and attitudes like drug abuse, the effectiveness of the program is dependent on the commitment of the students who are to participate and the teachers who are to teach it. How should they be involved in selecting the teaching methods and the content or subject matter to be taught?

4. Guideline

a. Students and parents, especially at junior and senior high school level should be involved in identifying what is to be studied, how information will be presented or shared, and in interpreting the meaning of facts.

b. Teachers should expect to learn with youth as they test the accuracy of drug information accepted by the students or believed by adults.

5. Background

School systems need an established drug education curriculum with specific objectives, learning activities, resource aids, teaching materials and evaluative techniques for each age or grade level. Local districts cannot be expected to start with nothing and develop a drug education curriculum from a feeling of need alone. Much work has been done throughout the country in developing curricula in drug education.[1] None of the guides done elsewhere are likely to meet all of the needs of any local school district in Michigan, but they do contain much that can be adapted to serve the schools and communities of this State.

5. Guideline

School districts should not try to begin anew in writing drug education curricula. They should take the curriculum guides which have been done and use them as resources to stimulate and guide their efforts to develop their own.

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[1]Some drug education curriculum guides which can be used by schools include: *Teaching About Drugs* – A Curriculum Guide K-12; American School Health Association, Kent, Ohio, 1971 revised.

Selected Drug Education Curricula Series, National Clearinghouse for Drug Abuse Information, Eight Curriculum Guides, National Institute of Mental Health, Chevy Chase, Maryland or Superintendent of Documents, Washington, D.C., 1970.

Teacher Resource Guide for Drug Use and Abuse for Michigan's Schools, Michigan Department of Education, Lansing, 1970, Chapter VI.

6. Background

Drug education has been identified in this presentation as an area of concern which cannot be properly classified as an academic discipline. It has also been said that it must deal more with feelings, beliefs, expectations, attitudes, and personal motivation than with subject matter knowledge. These two conditions have prompted some schools or some teachers to teach about drugs with no clear purpose and no defined learning outcomes.

6. Guideline

The inability to guarantee behavioral change or specific performance by students does not negate the need for clear and concise instructional objectives. In an area such as drug education where learning factual knowledge is not the primary purpose, there may be an even greater need for specific objectives. The drug education objectives should be stated as behavioral objectives and set forth in measurable terms both for instructional units and for the total program.

Issue IV

THE SCHOOL'S ROLE IN GUIDING, COUNSELING, AND REFERRAL OF THE DRUG USER WHO SEEKS ASSISTANCE

The role of counseling in the schools as it relates to problems of drug abuse and drug dependence, have posed some difficult problems for school staffs. Such matters as the confidentiality of information, the rights of parents to be informed about their children's activities, the responsibility to report an illegal act and the confidentiality of client information are concerns on which schools must take positions. The following excerpt from Michigan Law, (i.e., Revised Judicature Act of 1961) may provide some legal guidance in this area.

Chapter 21, Section 600.2165 (M.S.A. 78A.2165)

No teacher, guidance officer, school executive or other professional person engaged in character building in the public schools or in any other educational institution, including any clerical worker of such schools and institutions, who maintains records of students' behavior or who has such records in his custody, or who received in confidence communications from students or other juveniles, shall be allowed in any proceedings, civil or criminal, in any court of this

state, to disclose any information obtained by him from such records or transcript thereof, except that any such testimony may be given with the consent of such person so confiding or to whom such records relate, if such person is 21 years of age or over, or, if such person is a minor, with the consent of his or her parent or legal guardian.*

**Act No. 79 of the Public Acts of 1971 defines the age of majority as 18 or more years of age.*

1. Background

When school pupils reveal information to teachers, counselors, or other staff members that they are involved in the use of drugs, what should be the key concern or guiding principle in handling this information?

1. Guideline

The key concern or guiding principle in handling information about drug use by students should be the welfare of the student concerned. School staffs should treat information about drug use among students with the most careful confidentiality. If a school staff member releases such information to other persons without the permission of the student involved, this will likely destroy the school's reputation for responsible treatment of information and cut off communication with most pupils with problems. When a pupil admits he is using drugs this should normally be considered privileged information. However, students should be encouraged to seek their parents' assistance.

2. Background

Since the unauthorized possession and use of controlled drugs is illegal, does the educator have a legal or ethical responsibility to report to police that he has received voluntary information that a child or youth is in possession of or using illegal drugs? Some police agencies now have youth officers who function more as counselors than to make arrests and obtain convictions. They may be a source of help for some students.

2. Guideline

The confidentiality of the relationship between teacher and student and the welfare of the pupil should govern reporting information to other persons or agencies. Education may not be able to guide and educate if it gives undue stress to the role of law enforcement. However, school personnel must follow the law. They should particularly seek police assistance when an emergency exists and a pupil's life may be at stake, or when they believe the police may be a source to the solution. The immunity granted by the statute (Chapter 21 of the Revised Judicature Act of 1961) cited earlier applies to this situation.

3. Background

The schools should work consistently to improve parent-child-teacher communication. The need for contact between teachers, students, and parents when a drug problem exists is a situation where better communication is needed. A child who has turned to drugs may be an example of a communication failure. If a youth reveals that he is using drugs should the school inform his parents without his permission?

3. Guideline

The school should normally bring parents in when the child can agree to their involvement. When a pupil admits to using drugs, this should normally be considered confidential unless the pupil agrees that it can be shared and says to whom he feels such information can be given. Nevertheless, the staff member should make a continuing effort to encourage the student to involve his parents in the resolution of his problem. One of the goals of school counseling should be to facilitate communication about a problem between parents and their children. The educator may decide to bring the parents in without the pupil's permission in case of a serious problem

4. Background

Many schools have been moving, in recent years, to get parents much more widely involved in the school and in the school program. Some have said that the key to working with children with problems is to get their parents involved. Most parents want to know if their child has a problem – this is likely to be especially true if it is a drug problem. Youth with drug problems sometimes have experienced communication breakdowns with their parents and drug abuse is a symptom of a deeper problem. A student with a serious drug problem should seek help from his teacher if he feels the teacher could be of some assistance in addition to family involvement. Sometimes youth will not seek help if it means their parents will be informed. How should school staff deal with these forces and interests?

4. Guideline

When a student is seeking help the primary consideration should be the welfare of the student. The student's need for help may initially supersede the parent's right to know. The counseling process is not complete and the problem is not solved until good parent-child communication is re-established with the voluntary participation by both. However, treatment of the immediate drug problem cannot be delayed until the counseling process is complete. Educators should neither forget nor ignore the interest of parents in the welfare of their children.

5. Background

What is the rationale for a school staff member becoming involved as a counselor with a youth who has a drug problem? How does a teacher,

counselor, psychologist, or social worker know when a problem a pupil has with drugs is too acute for him to deal with and that the pupil should be referred to more competent counseling or therapy?

5. Guideline

Any teacher, administrator, counselor, psychologist, social worker or other professional employee whose help is sought by a drug-using student should offer that help to his maximum competence. All persons counseling students with drug or other emotional or social problems need to recognize their limitations. The individual school staff member counseling a student with a drug problem should recognize when the complexity of the problem exceeds his skill or competence and requires referral to a higher or a different skill level. Frequently, the best available referral source will be to another member of the school staff. Referral without the student's consent and involvement is likely to be ineffective. A rough rule is that any student who is drug dependent has too serious a problem for most school staff members and needs to be referred for qualified treatment. It is the counselor's responsibility to work with the student through the referral and rehabilitation process.

6. Background

Should the drug-using pupil who needs therapy be referred without his parents' permission? In the past most physicians, clinics, and other treatment facilities did not accept juveniles and were very reluctant to accept older minors without parental approval. This generally has not been true of most "drop-in centers", youth-run "self-insight" groups, and similar types of therapeutic communities. The situation, in regard to clinical treatment of minors with drug problems, has changed some with the enactment of a new law. Act 241 of the Public Acts of 1970, (State of Michigan) provides as follows:

Sec. 1. (1) A consent to care, treatment or service by a hospital, a public clinic, a private clinic, a physician licensed under Act No. 149 of the Public Acts of 1967, being sections 338.1151 to 338.1175 of the Compiled Laws of 1948, when executed by a minor who is or professes to be dependent on or subject to abuses of drugs or narcotics, is valid and binding as if the minor has achieved his majority. The consent shall not be subject to later disaffirmance by reason of minority. A parent, guardian or custodian of a minor is not legally responsible for any care, service, or treatment rendered under this act.

(2) The consent of another person or persons, including but not limited to a spouse, parent, custodian or guardian, is not necessary in order to authorize such care, treatment, or service to be provided to the minor.

(3) A treating physician may, but is not obligated to, inform the spouse, parent, custodian, or guardian of the minor as to treatment given or needed.

The above statute provides for minors to be treated for a drug problem without parental knowledge or consent. This raises the question of the school's role in referring students for treatment. Recognizing the interests of parents and the need of the pupil for treatment, how shall the school staff proceed?

6. Guideline

A drug-using student who is to be referred to an agency outside the school for therapy can receive treatment as defined in the law (Act 241) without parental knowledge. The school counselor should investigate the treatment agency to see whether or not parental approval is required for acceptance. The counselor may obtain the pupil's permission before the parents are involved. If the pupil cannot accept parental involvement (and this is required) no referral can be made until the student can accept it.

The alternative is to seek therapy sources which agree to treat minors without parental knowledge or approval. Students should be informed of these drug treatment facilities which accept youth for treatment without parental involvement so they can make self referrals where this is deemed advisable.

7. Background

The symptoms of drug use are similar (often the same) as those of certain other illnesses. What does the teacher or other school staff person do if he observes a student whom he believes to be abusing drugs?

7. Guideline

A school person should not accuse a student of being a drug user or abuser. If he knows the student well he may approach that student to ask if he has a "health" problem, is working nights, is watching too many late television shows or is under the influence of a medication. This may provide an entry for the student to ask for help. If the student denies he has a problem the educator should not pursue it with him. The school person would call the matter to the attention of the student's counselor or another staff member whom he feels is closer to the student. If this is not feasible, the case should not be considered a matter of a pupil "seeking help." (For further information on handling the drug user in school see guidelines on monitoring drug traffic in the school under Issue V).

8. Background

The school comes into possession of considerable information about drug problems which may be potentially damaging to youth. The security

of school records is frequently a matter of concern. How should the school record and store information about drug use by pupils?

8. **Guideline**

Schools should maintain statistical records on the age, type of drug, and adjudged severity of the problem of pupils who admit to abusing drugs. These should be anonymous records. No self-reported information on drug abuse should be entered in a pupil's permanent record. The confidential notes of a counselor, which are used to counsel and guide the pupil, should not become a part of his permanent record.

9. Background

The quality of service and the reliability of the agency which treats persons with drug problems is a source of great concern to school staff members who make referrals to clinics and other services outside the school. School staffs are generally not qualified nor is it their proper role to "accredit" the services of agencies offering treatment for persons with drug problems. How shall the school staff know whether a drug treatment facility is a legitimate agency to receive referrals on students?

9. **Guideline**

School staffs should not try to establish themselves as accrediting agencies for drug treatment and/or rehabilitation programs. Schools should publicly insist that the community establish appropriate evaluation and accrediting agencies for all drug rehabilitation and treatment programs in the community. The school staff should rely on the judgment of such community based accrediting bodies.

issue V

MONITORING AND CONTROLLING THE FLOW OF DRUGS IN THE SCHOOL

1. Background

The school is the place where most of the youth of the community are. Thus, the school is one place where drugs are sometimes sold or distributed. The supply of drugs does not originate in the school; the supply of drugs comes from the community. Schools are required by law to compel attendance of youth under 16 years of age. Strong pressures are exerted to keep all youth in school through high school.

1. **Guideline**

With the power of the school to compel and influence attendance goes a strong obligation to protect from danger the youth who are under its control. The primary responsibility of the school, however, is education.

2. Background

The trust that is necessary for students with drug problems to come to members of the school staff for aid must be considered when efforts are made to control the flow of drugs in the school. Both to build trust and to control the flow of drugs should be considered important responsibilities of the school.

2. **Guideline**

Establishing a trust relationship among students and between students and staff and parents must be considered in attempting to control the drug traffic within schools, but it cannot be permitted to work to the detriment of efforts to control the flow of drugs. Schools cannot stand idly by while one youth with a problem projects that problem on his fellow student. Any youth who is suspected of distributing or pushing drugs on school property should be investigated. Appropriate action should be taken by the school to prevent the drug flow and if necessary involve legal authorities to apprehend the distributor or pusher.

3. Background

Since school is the place where the community's children and youth are, the police may see the school as the best setting to make investigations, plant informers, to conduct raids, and carry on surveillance of suspected drug users. How should schools respond to proposals from police agencies to carry out such activities in the school?

3. **Guideline**

Since the first common goal of Michigan education teaches respect for the law the school should cooperate with the police in carrying out their legally mandated duties.

4. Background

In a climate of great concern over the flow of drugs in schools there have been known instances of planting informers among student groups as a means of monitoring the drug traffic. Some youth have volunteered their services to police in a spirit of good citizenship. Some report drug violations which they observe or suspect to school authorities. There have been reports of youths being pressured into becoming informers to escape punishment.

4. **Guideline**

School personnel should be aware of the fact that drug selling is a part

of the underworld apparatus and the students' well being should be uppermost in counseling involvement with law enforcement agencies. Schools should cooperate with the law enforcement agencies in carrying out their legal responsibilities.

Reports which are made to school officials of drug sales or drug use should be followed up. However, students should not be accused of being sellers or users based on such reports. Following up on such leads may help to reduce the drug flow in the school and/or provide help to some students with a drug problem.

5. Background

One method which has been used to reduce the flow of drugs and to attempt to reduce the overall illicit drug supply in the community is a school locker search. Experience has indicated that youth dealing in drugs generally do not store them in school lockers, especially not in their own. Students who are not involved in the drug scene are frequently disturbed by locker searches.

5. Guideline

School locker searches for drugs frequently reveal little information, thus *should only be conducted after serious study.*

6. Background

Many police agencies have employed special youth officers who are trained in counseling youth, who work diligently to protect youth from drug distributors and who serve to guide drug users to sources of help. Other police agencies have made a strong effort to inform school staffs about the drug problem and to provide schools with understandings of how they can intercept or interdict the flow of drugs in school. How should the school staff view these efforts?

6. Guideline

School staffs should recognize that many police agencies have given serious attention to helping schools help students. No single generalization about all police agencies is appropriate. Police departments are also institutions of the community established to aid the general welfare and in some communities they are the only ally the school has in combating drug abuse. School staffs should recognize that police, while having a different function than the school, are also working diligently in most instances to protect youth from the dangers of illicit drugs and should cooperate with them.

7. Background

Teachers and other school employees in the normal course of their duties often discover youths distributing drugs. The proper manner of handling such a problem may not be clear to school staff members but

every school principal and superintendent must be responsible for stating policy for staff to follow.

7. Guideline

School staff should be alerted to the passing of drugs in school. School employees discovering students distributing or pushing drugs should notify the building administrator. Administrators should immediately follow up such reports and take appropriate action based on their findings. Such action may involve conferences with those involved. Juvenile authorities can often help in eliminating the passing of drugs while avoiding a trial or possible prosecution.

8. Background

Students sometimes overdose on drugs. Frequently the first impulse is to call police. What should the school do when a crisis appears to have arisen?

8. Guideline

When students are involved in critical situations relating to their health, the parent or guardian must be informed. In case of a presumed medical emergency medical assistance should be sought immediately.

9. Background

Schools and police agencies may appear to be in conflict because they are attempting to achieve a common goal – namely protection of youth from the dangers of drug abuse – by quite different means. One source of difficulty has been lack of understanding by each of the legal mandates and specific function of the other. If police agencies have attempted to use schools as law enforcement agencies, it is probably due to misunderstanding of the schools' role.

9. Guideline

Schools should support good community law enforcement for controlling the flow of illicit drugs which otherwise may eventually be found in the school. School staffs should seek to understand the legal mandates of the police and how they carry out those mandates. School leaders should take specific steps to inform police officers of the school's responsibility to conduct drug education and counsel youth about drug problems and of how it fulfills this obligation.

issue VI

THE SCHOOL IN COMMUNITY COOPERATION FOR DEVELOPMENT OF DRUG PROGRAMS

1. Background

The school is only *one* agency in the community which has a responsibility for youth programs. It cannot be all things to all people, so it must devise ways to involve and to work cooperatively with other community agencies to assure that no programs or services are duplicated by the school program and to help guarantee a comprehensive program.

1. Guideline

The school should, primarily, concern itself with youth drug counseling and drug education, and should also develop programs of adult education in the drug field. The school does not, however, have the sole responsibility for drug education. The parents should be informed about what the school is doing in conjunction with the drug problems of youth. The community should provide programs of education for out-of-school youth.

2. Background

Drug abuse is a community problem – the whole community should be involved. Seldom are there established mechanisms or procedures in the community to allow schools to participate in information sharing, joint planning and cooperative programming in drug abuse. Some agency or person must take the initiative to get all of the interested groups and persons to work together.

2. Guideline

Schools should take the initiative to get interested persons and agencies together for an initial meeting if no other person or group moves to do so. The school representatives need not be the permanent leaders. Some type of continuing committee or council is needed which can reflect the interests and concerns of all segments of the community and of all programs and responsibilities. Community leadership for such a body should be placed where it is likely to be most effective. The school program should be perceived as one element of the community program.

3. Background

There are community people who are concerned about drug problems, but who are not organized. There are organizations which also are concerned, but which are unable to offer any specific services. Uniting these varied interests into effective drug program leadership raises problems of organizational size and form.

3. Guideline

The size of the organization is not the most important issue as long as it is representative of the entire community. Youth from all segments of the youth population should be involved. Some voluntary groups which may well be involved are:

a. Parents' organizations
b. Teachers' organization
c. Civic clubs
d. Health professions including physicians, pharmacists, nurses, veterinarians, and others
e. Members of the bar and police officers' organizations
f. Family service or social welfare associations
g. Voluntary drug treatment projects or drop-in centers
h. Ministerial associations and councils of churches

Official (or governmental) agency representatives should include:

a. Local health departments
b. Community mental health board
c. Board of education and school administration
d. Police and sheriff departments, especially youth bureaus
e. Prosecutors, judges, probation officers, and other correction personnel
f. Departments of social services
g. Local hospitals and/or drug treatment facilities.

4. Background

The schools are generally unaware of what services can be expected from each agency dealing with drug problems in children and youth. Schools need to know what services agencies provide so they can seek appropriate help when a problem arises.

4. Guideline

There may be no comprehensive listing which indicates all the current services available in any community. One of the contributions of a community drug committee or council should be to survey the available resources and services, identify gaps and unmet needs and exert pressure to obtain needed services. Examples of the types of services or involvement provided by the agencies in many communities include the following:

a. Schools – education and counseling

b. Mental health – guidance and treatment
c. Law enforcement – control of the illicit drug traffic and often citizen education on the problem
d. Public health – parent, other adult and community education and control of related diseases such as hepatitis.
e. Social Service – aid to families in economic trouble and family counseling
f. Courts – correction, probation, counseling, and community information
g. Legal Aid Society – legal aid to persons charged who cannot obtain legal counsel

The above list is clearly not exhaustive and only gives a small indication of the types of services and of the agencies involved, but it does give an idea of the distribution of responsibility and the variety of services which can be found in a community. Random use of such existing services is not a drug program and cannot fulfill the need for an organized integrated program in each community. Schools cannot confront the drug problem alone.

issue vii

IN-SERVICE EDUCATION OF SCHOOL STAFFS

1. Background

Administrators, teachers, counselors and other school personnel have generally had little or no preparation in the field of drugs and drug education. Educators are understandably reluctant or fearful to launch programs in areas where they doubt their own competency and suspect that the students may have more factual knowledge than they. Counselors are hesitant to try to counsel youth in an area of critical concern where they have not been specifically trained.

1. Guideline

If schools are to be equipped to come to grips with the problem of drug education, drug abuse counseling, and administration of sound programs to help youth deal with drugs, extensive in-service education programs must be initiated. These may be done by the local district, by a combination of local districts, through a college or university, or in conjunction with an intermediate district. Special programs may be needed for school counselors, school social workers, and school nurses. It is essential to have

youth, parents, and concerned citizens participate in training programs both to become trained and to contribute to the training. They bring additional information to the program and give the educational program credibility and an "outreach" potential not otherwise possible. A major goal of in-service education is to overcome the reluctance of school staffs to participate in drug programs.

2. Background

There are so many concerns and problem areas related to drugs, drug abuse, drug treatment, rehabilitation, and drug control, that the school is often unsure of what should be included in an in-service program.

2. Guideline

The State Department of Education offers the services of its instructional specialists and its drug education program to help plan in-service education for school staffs. Some of the areas which have been found essential to this area include the following:

a. The pharmacology of the drugs and other substances of abuse. (This is often considered an essential for teachers to increase their confidence and to help them intelligently enter into discussion with students.)
b. Laws, law enforcement procedures, and penalties for drug offenses, especially as applied to juveniles.
c. The drug scene – what is really going on in the world where drugs are being distributed and used?
d. The youths' view of drugs – student-supplied information on their view of drug use and abuse.
e. The psychology of drug abuse – what is known about the causes of drug abuse in children and youth?
f. Unique teaching methodologies which are needed to deal with drugs, such as; value clarification, decision making, self-direction, problem exploration, and information evaluation. A personal commitment is needed in the classroom.
g. Materials available to teach about drugs and how to assess their appropriateness and/or effectiveness for a particular group of children or youth.
h. A suggested or recommended curriculum in drug education for the grades or ages to be taught.
i. Counseling, advising, guiding, and supporting children and youth with problems related to drugs, both personally and within the family.
j. Referral procedures and school policies related to working with a youth identified as a drug user or a drug distributor.

3. Background

One of the major problems confronting schools has been the selection of

appropriate resource persons to assist in in-service education. There appears to be many self-appointed experts in the field, whose reliability may not be readily assessed by the school. The use of addicts or "ex-addicts" in teacher education has been questioned.

3. Guideline

There is no one identifiable way of judging the reliability of persons being labeled "experts" in such a controversial field as drug abuse. Sources of help may be found through colleges or universities, the staff members of official government agencies, the representatives of professional societies, other school districts, and community drug abuse control programs. Schools should, however, question their speakers as to anticipated content and method of presentation. There is always a danger of getting a person who promotes the use of drugs as "not such a bad idea" or of getting a person who takes an opposing panic position. Speakers with extreme views can often be countered by a reactor person or panel who can challenge their positions if need be.

"Ex-addicts" (or persons under treatment) are often well received by teachers as sources of information on the drug scene. Students and other youth who are willing to admit having been involved in drugs also tend to have a high credibility. Care must be used when youth are speaking not to "trap" them into self-incriminating statements which they did not intend to make. "Ex-addicts", users and ex-users must be cautioned against going beyond their experience and they and teachers should not overgeneralize from one user's experience.

4. Background

Many public agencies are challenging the accuracy and adequacy of some drug education materials, both audio-visual and printed. How can a school determine which of these should be used for in-service education?

4. Guideline

Any film, tape, filmstrip, or publication could be suitable for in-service education if teachers *challenge* its validity as a teaching tool and there are experts present who can review its scientific accuracy. Some official and quasi-official agencies, such as the National Institute of Mental Health and the National Coordinating Council on Drug Abuse Education and Information[1] have set up bodies to review and evaluate drug education films.

5. Background

The local district which is trying to plan and budget for a program in drug education needs to know how much time will be required to train teachers to teach and counsel in such a program.

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[1]Mentioning these agencies in this guideline does not imply State Board of Education endorsement of their evaluations.

5. Guideline

There is no reliable way to judge how much time teachers will need to become fully trained in this area. It appears that initially elementary teachers might require two to three days to get a basic orientation to the field, while secondary teachers may require three to five days. In any case, follow-up sessions, as problems arise in the classroom, will likely be needed. Schools which cannot provide this much time should invest as much as possible and seek alternate ways such as college courses taught after school to provide the needed education.

6. Background

Some teachers may not be suited to become teachers of drug education. Some may be inclined to impose or seek to impose their own values or extreme positions regarding drugs on students. Some teachers may feel unready or unable to adapt to the demands of a stressful or controversial problem area like drug abuse. Other teachers may feel that drug abuse is not a proper concern of their field of specialization or that the in-service education required for teaching about drugs is an inappropriate imposition on them. Still other teachers may find themselves in such conflict with the students over their approach to the drug problem as to be ineffective.

6. Guideline

Drug education, like any controversial area, imposes additional responsibilities on the school and the school staff. Generally the same procedures which are employed in any area of controversy should be followed here. Teachers are needed to teach drug education who are well adjusted themselves; who have a high degree of flexibility, credibility, and rapport with students; who are willing to learn new skills and develop new insights and who are more concerned about students than they are about a subject. The ideal teacher may not be available in which case the school should select the best person for the task who is willing to undergo appropriate in-service education. The school administration is responsible to see that the classroom reflects a responsible approach. School administrators should select the teachers best prepared to teach drug education. School schedules may and should be adjusted to give the selected teacher(s) an opportunity to teach drug education classes.

issue VIII

SELECTION OF INSTRUCTIONAL MATERIALS, RESOURCES AND METHODS

The introduction of drug education into the school program has created some unique educational challenges for the school in the selection of instructional materials, audio-visual aids, and personnel resources. This area, dealing so intently with behavioral outcomes and independent valuing, has posed some very difficult instructional problems for the school.

1. Background

There has been a flood of printed material of all types released into the market and offered for sale to the schools since drug education came into prominence as a new curricular concern. Such material has included pupil texts, self-instructional units, programmed books, kits using slides, tapes and printed materials with teacher manuals, and sundry combinations of the above. Some of these materials have been prepared by persons well known in the field and have been published by reputable publishers. Others have come from sources previously unknown in educational writing or publishing. Schools need listings indicating which of these materials are educationally sound.

1. Guideline

No evaluation group could produce a complete list of materials which would meet the varied drug program needs of every Michigan community. Because so much material is being released by publishers, any list would be out of date almost before it could be completed. The following evaluative criteria are offered as a guide in choosing materials:

a. Does it accurately represent current scientific findings?
b. Is it suited to the goals, methods and purposes of the teaching unit it is to support?
c. Is it appropriate for the students (age and social needs) with whom it is to be used?
d. Does it emphasize the dangers of drug abuse?
e. Does it emphasize respect for one's self and others?
f. Does it provide for and support personal or group decision making?
g. Does it go beyond the available data in the positions it takes?
h. Does the material contain information, such as specific drug taking techniques, which is inappropriate to the educational environment?

Audio-visual materials should be previewed and carefully evaluated before being used with pupils. The scientific accuracy and the point of view it is trying to present must be ascertained before any film is used with students. It can be a valid instructional technique to use material with known inaccuracies as long as these inaccuracies are explored as a part of the learning experience.

2. Background

As a result of the flood of published and audio-visual materials on drugs and drug education cited above, schools have often been urged to buy and use materials which have not been adequately tested or evaluated. Some materials are being offered which are labeled "a drug education program" with the suggestion that all a school needs to do is "purchase the package" and introduce it in the school or classroom and it will produce a good drug education curriculum. Some well-intentioned groups in the community have offered drug education materials or programs to the school which have not been properly evaluated. Educators on the other hand may have thought that the only reliable materials are those which come from national organizations or large well-established publishing houses.

2. Guidelines

Schools should build their drug education programs only on materials which they have carefully evaluated. In most instances new or untried materials should be pilot tested in the specific school-community before they are made an integral part of that school's program.

The purchase of a "package" of educational materials is unlikely to produce a program suited to the needs of the learners in a given community. Schools should select each educational tool with a clear view of how it is intended to help achieve the goals of the educational program.

Community groups should be encouraged to make funds available to the school for the production or purchase of suitable drug education materials, rather than purchasing programs or materials and then urging the school to use them.

Schools should provide needed resources and assistance to encourage teachers to produce their own instructional materials where practicable. Teachers should be involved in the selection, evaluation, and adaptation of instructional materials for the drug education program.

3. Background

There are many persons who offer, or are supported by others, to come into the school to make presentations on drugs. Many of these well-meaning individuals may be misguided and may be damaging to the instructional program. Self-appointed experts or individuals whose expertise is limited to their own drug experience may, indeed, be ill-informed or

committed to a single view of the problem which would make them ineffective or counterproductive. Addicts, "ex-addicts", or admitted drug users are a special problem group, as are "one shot" programs, including exhibits, speakers, films, and the like which are offered to schools.

3. Guideline

The "ex-addict" or drug user is often very appealing as a speaker to older youth. However, the school should exercise care that he does not either promote drug use or glamorize his drug experiences. Schools should be careful not to make "folk heroes" of drug users or addicts. Individuals whose expertise is limited to their own drug experience, such as addicts, should not be used with elementary children, because of the danger of a negative role identification or the relating of undesirable details about the drug life. The credentials of all "experts" and their methods of presentation should be evaluated before they are permitted to appear before students.

One-time presentations should not be confused with educational programs. Presentations of this kind should be considered promotional or interest building, not curricular in nature and must not be substituted for an educational program.

4. Background

It has been indicated that the educational program in drug education must be taught by different methods than those traditionally used in most school curricula, and that learning the facts about drugs alone is likely to be of limited value in influencing the behavior of students. Consequently, instructional methods other than those designed to impart information or to develop specific performance skills are needed. It has been noted also that "assign", "study", "discuss", and "test" are teaching methods which are unlikely to be of value in reducing drug abuse behavior. There are currently no known instructional methods which can guarantee desired results. What methods then should schools use to teach about drugs?

4. Guideline

There are no known instructional methods which can be guaranteed to work in all situations or for all ages of children and youth. Among those that show promise are:

a. Value clarification techniques
b. Student analysis and reporting of research on various drugs
c. Student panel discussions to explore their concerns about drug abuse problems
d. Research conducted by students into drug beliefs and drug practices
e. Pupil-conducted discussions, both in small groups and in a full class
f. Student selected topics for library research projects
g. Art, poster, newspaper, and similar projects to inform other students

about drugs

h. Student analysis and discussion of films and other media dealing with drug topics
i. Student participation in planning and conducting the classes both in content and method
j. Role playing of a wide variety of situations dealing with problems and decisions about drugs
k. Presentations by outside resource specialists with student reactor panels
l. Collection and analysis of newspaper stories, magazine articles, and other published accounts of drug events

A CONCLUDING STATEMENT ABOUT SCHOOLS AND DRUGS

The substances listed in Appendix B should all be recognized as potentially dangerous. The sniffing of glue (and other volatile hydrocarbons) can be very dangerous. Youth should be made aware of the risks, both to health and of a legal nature, involved in the use of these substances. Schools should not teach children the mechanics of preparing or storing a drug or the details of ingesting or using it. How to take a "fix" has no place in the school curriculum.

The school should provide for a free exchange of ideas on all issues. The school needs to take no stand regarding legalization of marijuana, for example, or on reducing drug penalties, since such action is not within the proper function or jurisdiction of the school board or the school district. The school should take the position that all laws should be upheld and that unjust or unwise laws should be changed. Schools should teach that laws *can* be changed not that they *should* be. The schools should recognize that each pupil will arrive at his own conclusion on such matters, but he should have access to all pertinent information. Students should be encouraged to study and explore all issues fully as a means to reaching their decisions about such critical concerns as drugs.

APPENDIX A

DEFINITION OF TERMS

Certain terms have been used in this document which should be defined for the reader. Since there are no popularly accepted definitions of some terms used in literature about drugs it is important that the reader look at this document with as clear a grasp as possible of the definitions intended for the terms which are used here.

The terms drug use, drug misuse and drug abuse have been used in some literature about drugs as if they were synonymous, which they obviously are not. The term "drug" does not always have a common definition. For example, if persons are injecting milk or peanut butter into their bodies does that act convert those substances into drugs? Is gasoline or airplane glue a drug when it is sniffed? Is there a difference between a drug and a medicine?

The following definitions may not specifically answer the above questions but they do provide descriptions and delineation of these terms as they are used in the background statements and guidelines in this paper.

DRUGS

The U. S. Food, Drug, and Cosmetic Act defines drugs as "articles intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in man and other animals (and as articles) intended to affect the structure or any function of the body of man or other animals." Thus, many substances can be used as if they were drugs depending upon the "intent" of the user. It should be noted that the above definition does not indicate "intended" by a physician or the manufacturer only, but may include the intent of the user. The term drug in this publication means drugs, as defined by the Food, Drug, and Cosmetic Act and substances which are used as if they were drugs.

MEDICINE

Medicine is defined as drug products with legitimate medical uses. The active ingredients in medicines are drugs.

DRUG USE

Drug use is defined in these guidelines as meaning the consumption of any drug whether for its intended use or not. Consumption of illicit and illegal substances for social or nonmedicinal purposes is included in this definition along with the use of drugs for their prescribed or intended purposes.

MISUSE OF DRUGS

Taking of a drug or medicinal substance for its intended purpose, but *not* by the intended person, or in the appropriate amount, recognized strength, established frequency and/or prescribed manner (including over-use) is defined as misuse of drugs. Sharing drugs intended for other persons is misuse. Drug misuse is defined as *not* extending to the use of drugs which harm the individual's ability to function. The latter becomes abuse.

DRUG ABUSE

Deliberate use of any mind-altering or mood-modifying substance for *other than its legitimately intended purpose,* which has the potential for doing physical and/or psychological harm to the user's health is considered drug abuse. Use of drugs which may do harm to the human body, but where such harm is accepted as a calculated risk (by competent authority) because of the potentially curative value of the drug is *not* drug abuse.

APPENDIX B

DRUGS AND OTHER MOOD-MODIFYING SUBSTANCES

It is not the intent of this document to present an exhaustive review of the various drugs and other mood-modifying substances which have been used (and abused) by students and others. The purpose is to list the major substance categories and offer a brief descriptive statement of each which may be helpful to schools in developing a rational approach to dealing with drugs.

Classifications or groupings of drugs and other mood-modifying substances often result in disagreement because legal, pharmacological and social orientations differ. The following classifications and related brief descriptive information on substances subject to abuse is provided as a guide for school use only and may not agree fully with classifications made for other purposes.

SUBSTANCE GROUP: STIMULANTS

The most common form of stimulant drugs is the family of drugs known as amphetamines. These are central nervous system stimulants which are often prescribed for narcolepsy, appetite control, behavior problems in children, to counter the effects of depressant drugs and related medical uses. Another stimulant frequently found on the illicit drug market is cocaine which may be used medically as a local or topical anesthetic. Both cocaine and amphetamines may produce psychological dependence. There is no evidence of physical dependence on cocaine, but some evidence of physical dependence on amphetamines has been reported. Nicotine and caffeine are also used sometimes for their stimulant effects. Nicotine has been shown to have toxic properties and when used in cigarette form has been described as dangerous to human health by the Surgeon General of the United States.

SUBSTANCE GROUP: DEPRESSANTS (except the narcotic or morphine-like drugs)

The narcotic or morphine like drugs are also depressants, but have been reserved to a separate category simply because of their different legal

classification. The major depressant drugs which are commonly found in the "drug scene" are the barbiturates. These include such drugs as phenobarbital, pentobarbital, secobarbital and amobarbital. They are generally prescribed for sedation and in the treatment of epilepsy. The barbiturate drugs are used for their sedative or hypnotic effect by drug abusers. They may be used with amphetamines to produce a cyclical pattern of sedation and stimulation. These drugs can be particularly dangerous when taken with alcohol or when the dosage is unknown. Both physical and psychological dependency on these drugs can occur. Tranquilizers are often included in this category although their use and effect on the user are different. Tranquilizers are subject to abuse. Alcohol also is classified as a depressant drug.

SUBSTANCE GROUP: NARCOTIC OR MORPHINE-LIKE DRUGS

The group of narcotic or morphine-like drugs includes all of the opium derivatives and the synthetic compounds meperidine and methodone. These are properly classified as depressants and are the most powerful pain killers in the medical armamantarium. The opium derivatives are morphine, codeine, paregoric, and heroin. Of these drugs heroin has no legitimate medical use and cannot be legally possessed in the United States. These drugs produce both physical and psychological dependence and extended use produces the classic addiction. Heroin is the most common form of this drug group found in the illicit drug traffic.

SUBSTANCE GROUP: HALLUCINOGENS

LSD or D-Lysergic Acid Diethylamide, (commonly called acid) and PCP (phencyclidine) are two of the more widely used hallucinogens. There are numerous other less well known ones, such as DOM and DMT, which are being discovered with increasing frequency and appear on the illicit market. Also present are mescaline which comes from the peyote cactus and psilocybin from a semi-tropical mushroom. These hallucinogenic substances are only being used in medical research programs at present; therefore, their use elsewhere should be treated as a social phenomenon. There is general agreement that they do not produce physical dependency. The data on psychological dependency is not clear, but does not show any genuine dependency at present. Conclusive or direct links between hallucinogens and chromosomal breaks have not been established. Birth defects found in animals given hallucinogens have not been directly related to use of hallucinogens in human subjects. It is clear that hallucinogens are highly correlated with panic reactions, paranoia, flashbacks (recurrence of hallucinations), deep depression and may lead users to acts which cause accidental death.

The quality and actual make-up of the substances sold in the illegal market are not controlled and overdose or misdose is a constant hazard.

SUBSTANCE GROUP: MARIJUANA AND HASHISH

Marijuana and hashish are really two forms of the same substance, namely; cannabis sativa. However, there is a great deal of difference in the potency of the two with hashish being by far the more potent. They usually are classified as mild hallucinogens, but they also can have stimulant and depressant effects. They were classified as narcotics under the Federal Marijuana Tax Act of 1937, but pharmacologically they are not. Marijuana does not cause physical dependency, but some authorities still feel that psychological dependence probably does occur at least for some users. The long-term effect of extensive usage is not established. Marijuana is usually used as a euphoria-producing and relaxing social substance. Distribution or sale of marijuana is illegal under both State and Federal law. The "stepping stone" theory, namely that use of marijuana leads to use of hard drugs can neither be proved or disproved, but has been subject to considerable challenge.

SUBSTANCE GROUP: SNIFFING GLUE AND OTHER VOLATILE HYDROCARBONS

There may be some reduction in the amount of glue sniffing since some glue products have been changed in nature and some younger children now appear to be turning to the abuse of drugs. Glue sniffing still constitutes a serious hazard to health. Gasoline, paint thinner and numerous other volatile hydrocarbons have been inhaled for their intoxicant or deliriant effect. The data is clear that brain and other organic damage can occur from this practice. These are central nervous system depressants. The user may expect impaired perception and intoxication.

APPENDIX C

STATE OF MICHIGAN

MICHIGAN LEGISLATURE

Senate Concurrent Resolution No. 68

Offered by Senators Bursley, Stamm, Faust, Gray, Ballenger and McCollough
(Representative Lucille McCollough named Co-sponsor)

A CONCURRENT RESOLUTION REQUESTING THE STATE BOARD OF EDUCATION TO ESTABLISH GUIDELINES FOR ELEMENTARY AND SECONDARY INSTRUCTION AS TO THE PHYSICAL AND SOCIAL CONSEQUENCES OF DEPENDENCE UPON AND ABUSE OF DANGEROUS AND NARCOTIC DRUGS, FOR CONSIDERATION BY AND ASSISTANCE TO THE BOARD OF EDUCATION OF LOCAL SCHOOL DISTRICTS.

WHEREAS, The Michigan Legislature has evidenced, through the continuing review of enforcement statutes and the initiation and funding of research and treatment programs, a deep concern about the serious and worsening problem of dependence upon and abuse of dangerous and narcotic drugs; and

WHEREAS, The teaching beginning at the elementary level of education, of the effects of such drugs upon the human system and the social consequences of the use of such drugs is essential to all governmental and private efforts to combat and alleviate this problem; now therefore be it

RESOLVED BY THE SENATE (the House of Representatives concurring), That the Michigan Legislature requests the State Board of Education to establish guidelines for drug abuse education, beginning in the elementary grades, for consideration by and assistance to the boards of education of local school districts; and be it further

RESOLVED, That the State Board of Education is hereby urged to utilize the resources and expertise of the Department of Education, in cooperation with the Departments of Public Health and Mental Health, and the Governor's Office of Drug Abuse, and other state and federal agencies engaged in programs dealing with drug dependence and abuse, and in cooperation with our colleges and universities, to develop relevant programs of drug abuse education; identify and maintain a listing of high quality teaching aids and materials, and prepare and distribute appropriate instructional guides; and otherwise promote and assist the teaching, at both the elementary and secondary levels, of the physical and social consequences of drug dependence and abuse; and be it further

RESOLVED, That a copy of this resolution be transmitted to the State Board of Education.

Adopted by the Senate, April 28, 1971

Adopted by the House of Representatives, June 3, 1971.

/s/ T. Thos. Thatcher
Clerk of the House of Representatives

/s/ Beryl I. Kenyon
Secretary of the Senate